

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578,032

FILING DATE

5/2/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1-		
3				1-		
4				1		
5				1		
6				1-		
7			e			
8				1-		
9				1-		
10				1-		
11				1-		
12				1-		
13				1-		
14				1-		
15				1-		
16				1-		
17				1-		
18				1-		
19				1-		
20				1-		
21				1-		
22				1-		
23				1-		
24				1-		
25				1-		
26				1-		
27			a			
28				1-		
29				1-		
30				1-		
31				1-		
32			e			
33						
34						
35			e			
36				1-		
37				1-		
38				1-		
39				1-		
40				1-		
41				1-		
42				1-		
43				1-		
44				1-		
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						